Revision: HCFA-PM-91-4 (BPD) OMB No.: 0938-AUGUST 1991 State: OKLAHOMA Citation 1902(a)(52) 3.5 Families Receiving Extended Medicaid Benefits and 1925 of the Act Services provided to families during the first (a) 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan). (b) Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are-- $\sqrt{X}$ Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan). Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services: Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older. Medical or remedial care provided by licensed practitioners. Home health services.

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OMB No.: 0938-Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 State: OKLAHOMA Families Receiving Extended Medicaid Benefits Citation 3.5 (Continued) Private duty nursing services. Physical therapy and related services. Other diagnostic, screening, preventive, and rehabilitation services. Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases. 1 Intermediate care facility services for the mentally retarded. Inpatient psychiatric services for individuals under age 21. Hospice services. Respiratory care services. Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 23 B Approval Date FEB 21 1992 Effective Date OCT - 1 1991
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<u>Citation</u> 3.5	Families Re (Continued)	ceiving Extended Med	licaid Benef	<u>its</u>
(c)	fees, for h	gency pays the famil deductibles, coinsu ealth plans offered yer as payments for	rance, and a by the care	similar costs taker's
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(d)	fa: ex	e Medicaid agency pr milies during the se tended Medicaid bene llowing alternative	cond 6-month fits through	n period of
	_7	Enrollment in the f employer's health p		of an
	<u>_</u> 7	Enrollment in the f employee health pla		of a State
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		Enrollment in an el organization (HMO) of less than 50 per (except recipients	with a prepa cent Medica:	aid enrollment id recipients
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Citation	3.5 <u>Fa</u> (C	<u>milies Receiving Ext</u> ontinued)	cended Medicaid Bene	fits
		describes the alter	TACHMENT 3.1-A speci rnative health care requirements for as cess to services of	plan(s) suring that
	(2)	The agency		
		(i) Pays all premon the family	niums and enrollment for such plan(s).	fees imposed
		(ii) Pays all deduthe family for	actibles and coinsur or such plan(s).	ance imposed on
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State/Territory: OKLAHOMA

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/\_/ Enrollment in an eligible
health maintenance
organization (HMO) that has an
enrollment of less than 50
percent of Medicaid recipients
who are not recipients of
extended Medicaid.

Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

- (2) The agency--
  - (i) Pays all premiums and enrollment fees imposed on the family for such plan(s).
- /\_/ (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

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